

☐ Original☐ Amended

Date

500 FOOT LAW STATEMENT**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises: Check the appropriate box below:

☒ IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.

☐ IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)

☐ NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993

☐ NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

☒ NOT APPLICABLE - BEER, WINE and CIDER ONLY

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NY STATE LIQUOR AUTHORITY

MAY 10 2016

NEW YORK, NY
LICENSING BUREAU

IMPORTANT:**YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS
LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES**

**For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project)
system, which is available on our website.**

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

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**STATEMENT OF AREA PLAN
200 Foot Law**

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?** ☐ Yes
(Exclusive use as a church or place of worship will be determined by this agency)
(Please respond "YES" if ANY school, church or place of worship is within 200 feet) ☒ No
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	n/a
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system,
which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.



Rick D. Chandler, P.E.
Commissioner

February 19, 2016

Reda Shehata, RA
Deputy Borough Commissioner
Email: rshehata@buildings.nyc.gov

John Dileo
1121 80th Street
Brooklyn, NY 11228

210 Joralemon Street
8th Floor
Brooklyn, NY 11201
nyc.gov/buildings

Re: 719 86th Street
Block: 6037 Lot: 60
Zoning District: C4-2A
BIN: 3153241
Brooklyn, NY

718-802-3676 tel
718-802-4098 fax

Dear Mr. Dileo:

This is in response to your request dated January 26, 2016 for a Letter of No Objection for the above referenced premises for Eating & Drinking Place. There is no Certificate of Occupancy for the above premises. However a copy of Certificate of Occupancy Search submitted showing Alt # 12803/1936 for store renovation for use as restaurant and one family and Alt # 4044/1952 back to Stores and two family. Also Department of Buildings records of Alteration # 301116361 for store alteration approved and signed off February 11, 2002. Department of Finance Building Classification showing K4 - Store Building (Store and apartments above). Stores are Use Group 6 category.

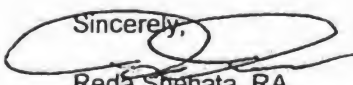
Therefore, the Department of Buildings has **no objection** for Eating and Drinking place and 2 families at the above referenced premises.

If this building is hereafter altered or its use changes an application for such alteration work or change of use must be filed and a Certificate of Occupancy shall be issued pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

For more specific property information, please visit the "Buildings Information System" on our web site: www.nyc.gov/buildings.

Please contact me if you have any additional questions or concerns regarding this matter.

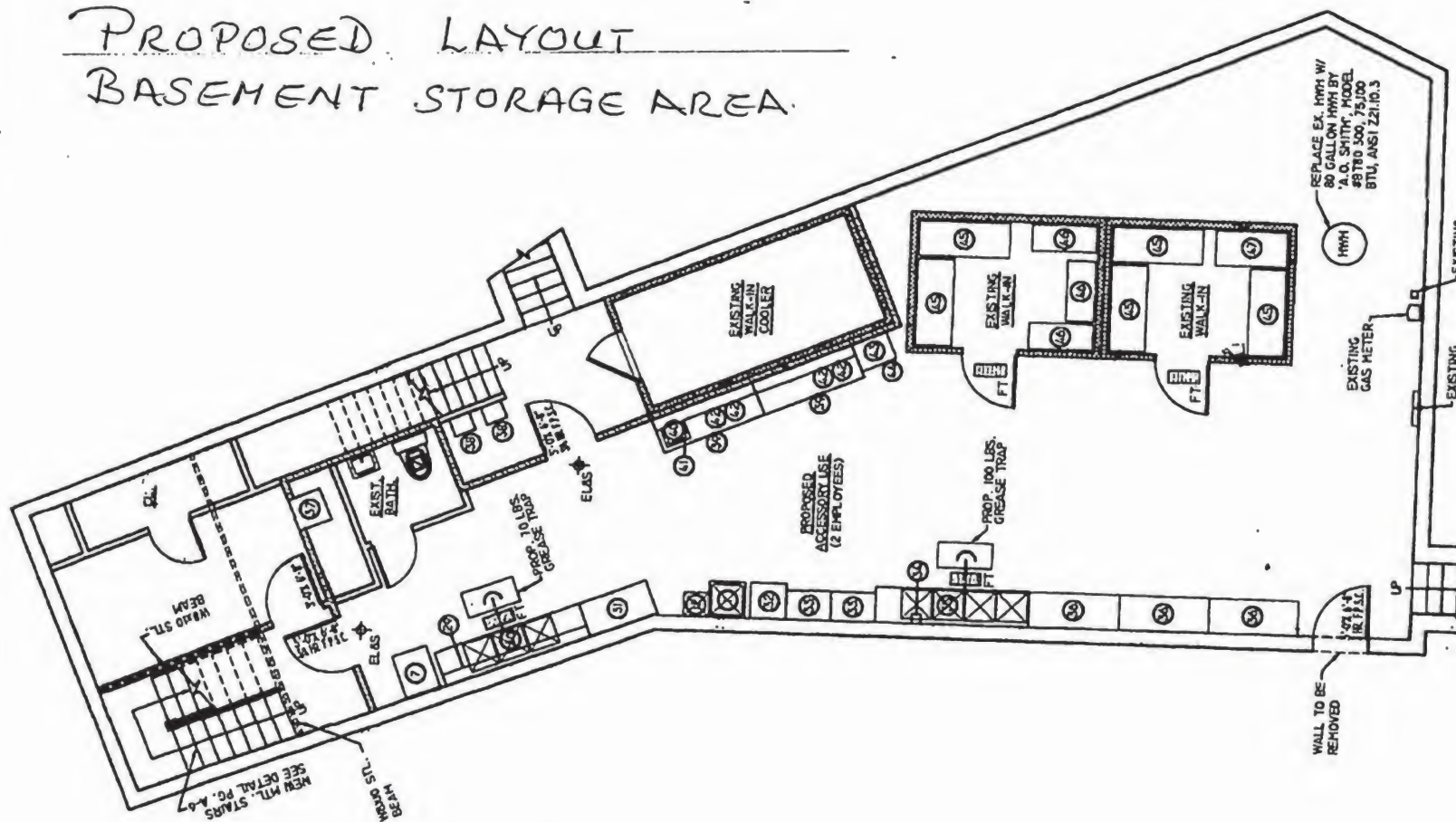
Sincerely,


Reda Shehata, RA
Deputy Borough Commissioner
Brooklyn

Cc: LNO File
M. Rimando

BROOKLYN NY 11228

PROPOSED LAYOUT
BASEMENT STORAGE AREA.



ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:

Mixed

(i.e.. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a

VALID CERTIFICATE OF OCCUPANCY and **ALL** appropriate permits? ☒ Yes ☐ No ☐ Pending**2. Premises**

2a. Describe the type of building in which the premises will be located.

Multi Unit

2b. Is or has the building/proposed premises been known by any other address? ☒ Yes ☐ No

If "yes" please specify and give details:

8518 - 8526 7th Avenue, Brooklyn, NY 11228

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

☒ Currently Licensed ☐ Previously Licensed ☐ Never Licensed ☐ Do Not Know

Name of Licensee: 8520 7th Ave Food Corp

License Serial Number: 1174427

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?

☐ Yes ☐ No ☒ Do not know***Any pending disciplinary action may delay a determination on this application or result in the disapproval.***

2e. If the proposed premises has not been licensed, what was the prior use?

Restaurant

2f. Is any other floor or area of the building currently licensed? ☐ Yes ☒ No

Name of Licensee:

License Serial Number:

☐ Original

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Date

3. Premises (Interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located(i.e. basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? ☐ Yes ☒ No
If yes, show the means of access on the interior diagram(s).

3e. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control?
Example: hallways, stairwells, common areas, etc. ☐ Yes ☒ No

If YES, describe:

3f. How many public restrooms? If less than two(2) public restrooms you must request a waiver of the two(2) restroom rule in writing. Show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?

3i. Number of seats at tables?

3j. Number of seats at bar or counter?

4. BARS:

4a. How many customer bars are located on the premises? (where patrons may order, purchase, or receive alcoholic beverages.)

4b. How many service bars*? (A service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

Bar 1

Bar Type
Length
Shape

Bar 2

Bar Type
Length
Shape

Bar 3

Bar Type
Length
Shape

Bar 4

Bar Type
Length
Shape

Bar 5

Bar Type
Length
Shape

Bar 6

Bar Type
Length
Shape

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Attach additional sheets if there are more than 6 bars.

continued on next page

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5. KITCHEN

5a. Does premises have a full kitchen? ☒ Yes ☐ No

If NO, does premises have a food preparation area? ☐ Yes ☐ No

Show Kitchen or Food Preparation Area on the Interior Diagram.

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? ☒ Yes ☐ No

If YES, list hours of day chef/cook will devote to the premises: Two chefs each working 8 hrs / Day, 6 days / week

6. HOTEL or BED & BREAKFAST

6a. How many floors?

n/a

6b. How many guest rooms?

n/a

6c. For Hotels Only: Is there a public restaurant on the Hotel Premises? ☐ Yes ☐ No

7. OUTDOOR AREAS

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? ☐ Yes ☒ No

7b. Check all types that apply:

(There must be direct access from the interior of the premises to any outdoor area(s) that you wish to license.

Show access on diagram.)

☐ Sidewalk Cafe ☐ Deck ☐ Patio ☐ Porch ☐ Gazebo

☐ Rooftop ☐ Yard ☐ Balcony ☐ Pavilion ☐ Tent

☐ Other (describe):

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?

☐ Yes ☒ No

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

☐ Fencing ☐ Wall ☐ Shrubbery ☐ Roping ☐ Stanchions

☐ Other (describe):

7e. Is a permit required by locality for outside area(s)? ☒ Yes ☐ No

If yes, submit a copy of the permit.

☐ Original☐ Amended

Date _____

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

Nicholas Dileo

2. Landlord Mailing Address: 1170 85th Street

City: Brooklyn

State: NY

Zip Code:

11228

3. Telephone Number of Landlord: 646-593-1836

4. Landlord Principals (ALL landlord principals must be disclosed below.)

Name

Nicholas Dileo

Address (if different than Landlord's Mailing Address above)

15 Arbor Court, Staten Island, NY 10301

Name

Address (if different than Landlord's Mailing Address above)

Name

Address (if different than Landlord's Mailing Address above)

Name

Address (if different than Landlord's Mailing Address above)

5. Are any of the Landlord Principals currently or previously licensed under the ABC Laws?

☒ Yes ☐ No**RECEIVED**
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Serial Number

1293026

Licensee Name

Annabell's Pastaria Inc.

MAY 10 2016

NEW YORK, NY
LICENSING BUREAU

Serial Number

1006815

Licensee Name

Dyker Park Hot Bagels Inc.

Serial Number

1174427

Licensee Name

8520 7th Ave Food Corp

6. Are any of the Landlord Principals police officers?:

☐ Yes ☒ No

If yes, list names below:

Name

Name

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NY State Liquor Authority

APR 29 2016

Albany, NY
Licensing Bureau

7. List number of years real property has been owned or legally controlled by the landlord:

Over 10 years

OFFICE USE ONLY		
<input checked="" type="radio"/> Original	<input type="radio"/> Amended	Date _____

LICENSE

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APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Brooklyn Burger LLC

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Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant" otherwise write "N/A"

Burgerfi

NEW YORK, NY
LICENSING BUREAU

Premises Street Address:

719 86th Street

City: Brooklyn

, NY

Zip Code:

11228

County:

Kings

Telephone Number of Premises (include area code):

(646) 593-1836

Applicant E-mail address (required):

jdileo2591@aol.com

Business Website:

n/a

Mailing Address (if different than above): Same As Above

City: n/a

State: n/a

Zip Code:

n/a

2. CONTACT (if other than applicant)

Name of Contact: Tyrone Persaud (Persaud Expediting Service)

☐ Attorney☒ Representative☐ Contact Person

Office Address:

75 Maiden Lane, Suite 326

City: New York

State:

New York

Zip Code:

10038

Telephone Number of Office (include area code):

(646) 244-6678

E-mail address (required):

Tyerpersaud@gmail.com

Is this application filed under the Attorney Certification Program?

☐ Yes ☒ No

3. For SEASONAL licenses only (Select license date range)

Not Applicable

to:

Not Applicable

4. LICENSE TYPE:

(see schedule of fees)

RW

CODE: 341

5. Number of ADDITIONAL BARS (if any):

0

5a. Months that SEASONAL add bars will operate:

Not Applicable

to:

Not Applicable

6. TOTAL PAYMENT DUE:

\$1060.00

7. Federal Tax ID #:

[REDACTED]

7a. Certificate of Authority to Collect

NYS Sales Tax List # If Issued:

[REDACTED]

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NY State Liquor Authority

APR 29 2016

Albany, NY
Licensing Bureau

approved - Jennie Costman - 6/1/16 - LB

[OFFICE USE ONLY]

DATE FILED:

5/6/16

SERIAL #:

1294449

continued on next page

Page 4

☐ Original☐ Amended

Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual / Partner	Residence	Social Security #:	Date of Birth
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
Name of Individual / Partner	Residence	Social Security #:	Date of Birth

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

List the names and address or Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
Nicholas Dileo		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
President	50%	
Name of Principal	Residence	Social Security #:
John P Dileo		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Secretary	50%	
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Note:

***if 10 or less shareholders**, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***if more than 10 shareholders**, list all shareholders/LLC members directly or indirectly owning 10% or more of any class of its shares. Also, include all officers, directors, LLC managers, and trustees of the applicant company/corporation. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. All other owners with less than 10% ownership interest must be disclosed in a list which includes their names, addresses, and percentage of ownership. Provide a written affirmation that all of the owners with less than 10% interest are eligible to hold a liquor license and none have statutory disqualifications that would bar them from being licensed.

Not-For-Profit Corporations must list all principal officers and any director/trustee who is compensated on the license. Trustees/Directors who are not compensated do not need to submit personal questionnaire or fingerprints. However the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

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FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors, or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year by the applicant or any of its principals):

0.00

1b. Purchase/Contract Price of Business (submit copy of contract):

0.00

1c. Renovations/Improvement Costs (i.e.: furnishings, fixtures, etc.):

\$37,500.00

1d. Miscellaneous (any other expense related to this venture):

\$18,800.00

TOTAL EXPENSES

Total of lines 1a through 1d.

\$56,300.00

2. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings account or gifted funds. Attach copies of bank statements or other financial documentation for **EACH** source of cash.

2a. Source of FundsPersonal Questionnaire attached ☒

Dollar Amount

John Dileo / Chase Bank Account

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\$36,300.00

NY STATE LIQUOR AUTHORITY

2b. Source of FundsPersonal Questionnaire attached ☐

Dollar Amount

MAY 10 2016

0.00

2c. Source of FundsPersonal Questionnaire attached ☐

Dollar Amount

NEW YORK, NY
LICENSING BUREAU

0.00

TOTAL CASH

Total of All Cash Expended

\$36,300.00

3. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.

3a. Source of FundsPersonal Questionnaire attached ☐

Dollar Amount

0.00

3b. Source of FundsPersonal Questionnaire attached ☐

Dollar Amount

0.00

3c. Source of FundsPersonal Questionnaire attached ☐

Dollar Amount

0.00

TOTAL BORROWED

Total of All Borrowed Funds

4. Have all investors been disclosed in this application?☒ Yes ☐ No**TOTAL INVESTMENT**

Total Cash plus Total Borrowed

\$36,300.00

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one(21), police officers, and anyone with an interest in a wholesale or manufacturing license.

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Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

☐ Beer & Cider☒ Wine, Beer & Cider☐ Liquor, Wine, Beer & Cider

1b. Type of Establishment: Restaurant (Full Kitchen & Full Menu required)

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet: ☐ Yes ☒ No

n/a

2a. If the premises is not a catering establishment, will the premises periodically close to host private events? ☐ Yes ☒ No

2b. If "yes" how frequently?

n/a

3. Will premises have music? ☒ Yes ☐ No

3a. If "yes" check all that apply: ☒ RECORDED ☐ DJ ☐ JUKE BOX ☐ KARAOKE

☐ LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?: ☐ Yes ☒ No

4. Will the premises permit dancing? ☐ Yes ☒ No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing? ☐ Yes* ☐ No

* If a permit is required, submit a copy of the permit. A copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance? ☐ Patrons ☐ Employees for entertainment ☐ Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? ☐ Yes ☒ No

5. Will there be topless entertainment? ☐ Yes ☒ No

6. Will the business employ a manager? ☐ Yes ☒ No

6a. If "no" will principal(s) manage? ☐ Yes ☐ No

7. How many employees? (Excluding principals and security personnel.) 8

7a. If answer is zero employees ("0"), then provide an explanation below:

n/a

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Date

APR 29 2016

8. NYS Law requires businesses to carry workers' compensation and disability insurance.Albany, NY
Licensing Bureau

If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number:

Hartford Casualty Ins / [REDACTED]

8b. Disability Insurance Carrier Name and Policy Number:

Shelter Point Ins / [REDACTED]

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.

9. Will there be security personnel be used at the premises? ☐ Yes ☒ No 9a. If YES, how many? [REDACTED]9b. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

n/a

The Licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

10. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How you will monitor alcohol sales; prevent sales to minors and sales to intoxicated persons. How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The owner and managers will hold monthly meeting with the workers to improve and provide better service to customers. They will discuss under age drinking by checking patron's ID to insure they are above 21 years before serving any alcohol. They will be observe patron movement and ability to communicate clearly. Any patron with slurry speech, loudness and unsteadiness or intoxicated will not be served any alcoholic beverages.

11. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advanced Notice ?

☒ Yes ☐ No

11a. If "no" explain.

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>

☐ Original☐ Amended

Date _____

RIGHT TO PREMISES**1. RIGHT TO PREMISES**

1a. By what right does the applicant have possession of the premises?

☐ Own ☒ Lease ☐ Sub-Lease ☐ Binding contract to acquire real property ☐ Written intent to Lease☐ Other (explain):

n/a

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name listed on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business?

☐ Yes☒ No

If YES, list the section/page of the lease this information can be found

n/a

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

☐ Yes ☒ No

If YES, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
n/a	n/a	n/a	n/a
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired



Community Board Ten

8119 5th Avenue • Brooklyn, NY 11209
(718) 745-6827 • Fax (718) 836-2447
BK10@cb.nyc.gov
www.bkcb10.org

DORIS N. CRUZ
Vice Chairperson
RONALD GROSS
Secretary
GREGORY AHL
Treasurer

BRIAN KIERAN
Chair

JOSEPHINE BECKMANN
District Manager

April 19, 2016

Dennis Rosen, Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, N.Y. 12210

**RE: Brooklyn Burgers LLC, d/b/a Burgerfi
719 86th Street, Brooklyn, New York 11209**


Dear Chairman Rosen:

At a duly publicized meeting of Community Board 10 on Monday, April 18, 2016, members voted unanimously to **APPROVE** the Wine, Beer & Cider License for **Brooklyn Burgers LLC, d/b/a Burgerfi, 719 86th Street, Brooklyn, New York 11209.**

Thank you for your attention.

Sincerely,


Brian Kieran
Chair


Josephine Beckmann
District Manager

BK/JB:jd

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises InformationIs your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NO**If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.**Licensed Premises Name: Brooklyn Burger LLCLicense Serial #: 1294449Trade Name (if applicable): Burger IIFederal Employer Identification Number: [REDACTED]**1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor**

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:☒ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Ball Park/Stadium/Arena ☐ Cabaret ☐ Bed & Breakfast☐ Bar/Tavern ☐ Adult Entertainment ☐ Night Club/Dance Club ☐ Country Club/ Golf Course ☐ Hotel ☐ Sports BarIf dancing is permitted at the premises, who is permitted to dance? ☐ Patrons ☐ Employees ☐ Both ☒ Not ApplicableIf dancing is permitted, is there exotic dancing (i.e. pole dancing, lap dancing, etc.)? ☐ YES ☐ NO ☒ Not ApplicableIs there topless entertainment at the premises? ☐ YES ☒ NO**Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.****1b. Address of the Licensed Premises**Licensed Premises Address: 719 86 Street

*Required

City: BrooklynState: New YorkZip Code: 11228County: KINGSEmail Address:
*RequiredJDileo2591@aolPremises Telephone # (include area code):
*Required 718 836-0836Contact Phone # (include area code): 646 5931836**If the address your premise is known by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.****Mailing Address (if different than premises address)**Mailing Address: [REDACTED]City: [REDACTED]State: [REDACTED]Zip Code: [REDACTED]

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name: 8520 7th AVE LLC (John Dileo owner)

Address: 8520 7th AVE

City: Brooklyn State: new york Zip Code:

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☒ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

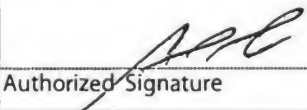
Signature _____ Title _____ Date _____

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature		Title		Date	

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature		Title		Date	

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.
This principal should be the primary point of contact.)

Print Name:	<input type="text" value="John Dileo"/>	Date of Birth:	<input type="text"/>		
Residence street address:	<input type="text"/>				
City:	<input type="text"/>				
Title:	<input type="text" value="member"/>				
Telephone # (include area code):	<input type="text"/>				
Authorized Signature			Title	<input type="text" value="member/sec"/>	
				Date	<input type="text" value="4/2/18"/>

C. - Continued - All remaining Principals on the license must be listed below.**(Attach additional sheets as needed to include all principals)**

Print Name:	<u>Nicholas Dileo</u>	Date of Birth:	[REDACTED]
Residence street address:	[REDACTED]		
City:	[REDACTED]		
Title:	<u>member / Pres.</u>		
Telephone # (include area code):	[REDACTED]		

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

D. Club *(This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature		Title		Date	